



In re Application of:

AKIO NAKASHIMA, ET AL.

Application No.: 09/679,341

Filed: October 4, 2000

For: WATER-METACHROMATIC
CLOTH SHEET, TOY SET
USING THE SAME, AND
WRITING INSTRUMENT
FOR WATER-METACHROMATIC
MEMBERS

Docket No. 02165.000008

Examiner: George F. Hufnagel

Group Art Unit: 3712

Date: May 28, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
JUN 04 2004
TECHNOLOGY CENTER R3700

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 25	MINUS	** 24	= 1	x \$9 \$18	\$18.00
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$42 \$84	\$0.00
Fee for Multiple Dependent claims \$140°/\$280						--
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$18.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☒ A check in the amount of \$ 18.00 is enclosed.

☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

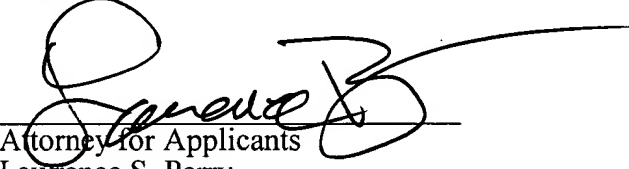
☒ A check in the amount of \$ 950.00 to cover the fee for a three month extension is enclosed.

☒ Request for Continued Examination (RCE) Transmittal and \$770.00 check.

☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Lawrence S. Perry
Registration No. 31,865

FITZPATRICK, CELLA, HARPER & SCINTO
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